

8. WITNESSES WHO SAW INCIDENT OR IDENTIFIED REMAINS. *(Name, grade, service number and unit)*

9. REMARKS *((Additional circumstances, any religious ministrations performed, etc.))*

10. FOR USE BY C.O. OR MED. OFF. *(only for casualties not the result of hostile action)*

AUTHENTICATED BY
(CO or Med. Off.)

VERIFIED BY
(Pers. Off.)

LINE OF DUTY: ☐ YES ☐ NO ☐ UNDETM

UNIT

GRADE

SERVICE NO.

DATE

SIGNATURE OF PERSON PREPARING REPORT